

**Rules and Regulations Committee
Virginia Office of EMS
Richmond Marriott Short Pump
4240 Dominion Blvd, Glen Allen VA 23060-3391
February 1, 2018
3:00 pm**

Members Present: Jonathan Henschel (Chair, LFEMS) Estee Waring (VPPF- Career) Ed Rhodes – (Vice Chair, At-Large) Greg Woods –Reg, Council Directors Theresa Kingsly-Varble (small Rural) Anthony Wilson – VAA	Members Absent: Terrence McGregor (VAGEMSA) Gary Critzer (At-Large) David Hoback – VA Fire Chiefs	Staff: Scott Winston Warren Short Marybeth Mizell Heather Phillips Cam Crittenden	Others: Michael D. Berg Chris Parker Chris Vernovai Gary Samuels Amy Ashton Byron Andrews
--	---	---	--

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order	I. 3:06 pm	
Introductions	a. 3:07 pm New Members - Estee Waring & Kim Craig	
Approval Agenda	b. Approved 3:08 pm	
Approved Minutes	II. Approval of Aug 3, 2017 Meeting minutes & Oct 25, 2017 Workgroup session - 3:10 pm	
Staff Report	III. Staffing Report a. OEMS Staffing Update BLS Specialist – William Fritz to begin March 10, 2018 (actually Mon. 3/12/18) HR position – Interviewed and Candidate identified Reg/Comp Manager Position – Initial interviews have been conducted and there will be a 2 nd round of Interviews sometime in Feb.	

Members Present:

Members Absent:

Staff:

Others:

	<p>Community Health & Technical Resource Division Manager Position – Initial interviews have been conducted and there will be a 2nd round to follow sometime this month.</p> <p>Adam Harrell - Business Manager – has been elevated to Shared Administrative Support Deputy. He is currently over 4 Office in the Health Dept. He has 2 days with OEMS and 3 days downtown at Health Dept. with Dept. of Drinking Water, Rad Health and Environmental Health. Eventually, may be recruiting for full time Business Manager.</p> <p>b. Ongoing Regulatory Activities</p> <p>i. NOIRA – 12-VAC5-32 – DDNR – Final Exempt Action General Assembly passed the Bill recognizing DDNR order from out of State – Final Exempt Action is still waiting for final approval. Scott Winston will get more info on this as available.</p> <p>Proposed Action to repeal Chapter 31 and enact Chapter 32 of EMS Regulations.</p> <p>ii. Training - Proposed Action Remove all language in 5-31 that refers to Testing and changed verbage to reflect National Registry Policy.</p> <p>Changes to reflect New EC process program to begin on Feb. 2, 2018</p> <p>CPR – may have minor change to current regulations, which will make it less restrictive.</p> <p>iii. REPLICA – Recognition of EMS Personnel Licensure Interstate Compact Currently 12 States have enacted REPLICA and 4 more are actively considering adoption of REPLICA . Of the States bordering Virginia, Tennessee has adopted REPLICA. North Carolina will be a late adopter due to required changes in testing. Maryland is in discussions although no legislation has been introduced during this session. West Virginia is also considering.</p> <p>Commission has formed and met in Oklahoma City, a number of workgroups are underway to address revisions related to National Coordinated Database, as well as Regulations for the commission. Activity is well underway and has the support of National Association of State EMS</p>	
--	--	--

Members Present:

Members Absent:

Staff:

Others:

	<p>Officials, with substantial funding coming from National Registry of EMT's to help develop the National Coordinated Database to allow REPLICA states to share License/Certification info pertaining to Cert Levels, disciplinary actions, or adverse actions taken against an EMS provider. This will be a great benefit in checking background info when providers come into State, and helps to identify possible problems.</p> <p>iv. Medical Direction Committee Workgroup – Meeting is scheduled for Wednesday Feb 7th @ 1pm, to be chaired by Dr. Lindbeck, MD to look at proposed EMS Regulations as it relates to Medical Direction, and the roles and responsibilities of the Medical Director. They wanted more time, so they plan to spend concerted and focused time looking at the EMS Regulations. Anticipate some wide sweeping changes to those areas of the Regulations.</p> <p>c. Database Migration</p> <p>i. Lotus to Oracle Transition -Licensure Compliance and Regulations (LCR) Due to security concerns of the Oracle database, OEMS staff has been working with Office of Information Management (OIM) over the past year, migrating data from the Lotus Notes database to Oracle. This has been an involved process, and we are currently working thru some minor glitches in the program. This will allow EMS agencies and personnel greater access to information and the ability to update information.</p> <p>EMS agencies are able to upload documents to their EMS portal such as vehicle insurance, OMD contracts, EMS Response Plans as well as documents used for licensure and re-inspections, and keep their own records up to date. They currently are able to request Temp Vehicle permits, once issued they just upload Weight Slip & registration, complete info on form and when EMS Program Rep is notified and approves the documents / Paperwork the Temp permit is issued and is available in their portal for printing.</p> <p>The ability exists for EMS providers to do a few more things like requesting a Variance, Agency Exemptions, report drug diversions, etc. System automatically notifies EMS Program Reps that these activities are waiting for review and approval. Grants & Compliance cases are handled in the portal as well. This will be easier for EMS agencies, reduces their preparation time for inspections and improves overall customer service.</p>	
--	--	--

Members Present:

Members Absent:

Staff:

Others:

LCR will provide a central location for EMS agency reporting requirements, which will reduce the likelihood of lost documents when there is a change of agency leadership. The portal will also provide updates to Medical Directors endorsements, Superuser requests, etc. Drug Diversions and Complaints are entered directly into the portal for reporting to OEMS. This process will streamline everything for agencies/providers and OEMS office staff.

d. Background Update –

i. Compliance Report

We have been conducting background checks for almost 4 years now and on average, we are running 8500 Criminal Background Checks through the Office of EMS each year. Less than 10% come back with some prior history that could restrict an EMS provider's certification or ability to affiliate with a licensed EMS agency. Currently we are up to date; we have 2 part time employees in that division. We have a handful of agencies that have passed ordinances that allow them to process their own Criminal Background Checks. Fingerprint cards are submitted directly to VSP. They then run them through the Central Criminal Records Exchange (CCRE), getting information from FBI and results are then returned back to that agency.

There are several bills (HB135 and SB109) in the General Assembly to permit Juvenile history background records to be distributed to OEMS or jurisdictions conducting their own background checks. This would include Chief Law enforcement or designee Public Safety Official employed by locality such as Fire Chief or EMS Chief. This looks to be in good shape to pass thru the House/Senate. This will allow us to view records of individuals under 18 with prior Criminal History records.

Process is available for individuals with extenuating circumstances to request a hearing thru Informal Fact Finding Conference (IFFC) to determine if they could be granted some variance or leniency to the EMS Regulations. Consideration depending on severity of the crime, how long ago the crime occurred and if there may be a history of repeating the crime and whether it involved crime related to EMS duties as EMS provider. Whether it involves exploitation of elderly or children, sex related crimes are what we consider when determining whether we would grant a variance to our current criminal conviction policy which would

Members Present:	Members Absent:	Staff:	Others:
	affect their ability to hold certification or become affiliated with a licensed EMS agency.		
Unfinished Business	<p>IV. Unfinished Business</p> <p>a. Ambulance Standards</p> <p>i. Remount Forum – NFPA. CAAS. GSA</p> <p>Michael Berg reports NFPA has already voted on 2nd editions and they will be meeting in August with entire NFPA group to decide whether to accept those or not. Their goal is still to have next Version effective 1/1/19. Mike’s prior role on that committee was the enforcer role due to his position with the Office of EMS. He has resigned his position on the committee and reapplied as an independent, which will come up for vote in August 2018.</p> <p>CAAS – GVS Version I had convened at the Remount Forum earlier in Clearwater, FL, which Mike was unable to attend. Next meeting of the GVS committee is set for April 11th, in Charlotte to begin working on Version 2 of their Ambulance Standards which will include recommendations from the Remount Forum as to what info should be included as well.</p> <p>GSA – Nothing to report because they do not address remounts although they will continue to publishing their K standards until such time there is a state that does require them.</p> <p>b. 2018 Legislative Actions resulting in potential changes to EMS Regulations (12VAC5-32)</p> <p>Discussion of HB 777, HB 778 & SB 663 HB1412/SB670, SB109, SB304, SB703, SB715</p>		

Members Present:

Members Absent:

Staff:

Others:

	<p>There are a significant number of Bills making their way through the General Assembly that directly or indirectly affect Fire & EMS. Scott Winston has communicated with the Chair of this Committee, some observations. Originally, it was proposed to bring the draft EMS regulations (Chapter 32) to the full committee today for a vote to adopt and then present them to the EMS Advisory Board in May for their consideration and approval. Looking at everything going on with Legislation as well as some other issues related to our changes in how we do business and current references to the use of forms that no longer exist because they are not electronic. There are also references in the draft regulations to Code Citations that have changed and need to be corrected. With the number of Bills in the General Assembly, we need to take a slower approach. I propose that we spend some time between now and the next quarterly meeting with the workgroup that met in October to continue work on looking at the proposed draft regulations. Mr. Winston recommends making further revisions based on legislation that is anticipated to pass the General Assembly related to fatigue management, Red lights and Siren policies and Mental Health awareness training. EMS agencies must develop curriculum to address mental health awareness training for their EMS Personnel. It also affects a segment of the Fire side. As previously mentioned the Medical Direction Committee is looking to make some additional changes. Legislative Grid is sent out on a weekly basis to keep everyone informed of the changes that relate to EMS. There are a couple of Bills that are interesting and in some cases concerning that this committee needs to be aware of, Senate Bill 715 which if passed would allow any provider with concealed carry permit to carry that weapon anywhere in the Commonwealth including an ambulance, with the permission of that individuals Department head as well as local government. The bill language is vague so unsure of what the process will look like. Original language talked about limiting to firefighter or EMS personnel previously employed as a Law enforcement officer or member of the Virginia National Guard, Armed Forces of the United States or Armed Forces Reserves of the United States. Currently, there are no laws or regulations that restrict an individual from carrying a weapon on an ambulance. This will formalize that process and establish a procedure that would need to be followed in order to allow that practice to continue. In 2012, we attempted to include language in EMS Regulations that would prohibit individuals from carrying a weapon on an ambulance unless they were a sworn law enforcement officer. That received quite a bit of comments and opposition, which ultimately caused it to be dropped from the EMS Regulations. The issue of the right to bear arms is a pretty hot topic within the General Assembly. The Bill is before the Senate Finance Committee at this time.</p> <p>Should this Bill pass, this is an example of how we would probably need to amend our EMS Regulations. During the process of an EMS Agency inspection, they would need to verify that the agency has a policy that would dictate the procedure of how they would get permission if they do permit individuals to carry a firearm on an ambulance. Also, identify</p>	
--	--	--

Members Present:

Members Absent:

Staff:

Others:

	<p>any ongoing training that would be required in order to demonstrate competency and proficiency in handling the weapon.</p> <p>We should probably have a discussion on where OEMS stands on this issue, if this Bill passes. OEMS and DCJS would develop a model policy regarding carrying a concealed handgun for firefighters and EMS personnel. However, individual EMS agencies currently have the right to make these decisions and it is up to the Fire Chief or EMS Chief to authorize the employee.</p> <p>HB 777, dealing with Air Medical Services – Concern over the high cost of Air Medical Transportation. Bill was introduced that will require an EMS provider to obtain written consent prior to initiating air medical transport services. It also requires the development of a separate consent form for EMS personnel that the patient must receive and sign before they can be transported by air medical services. The Bill asks for development of statewide EMS Air Medical Dispatch Transport protocols. A group of individuals is meeting with the primary patron in the next 5 minutes at the General Assembly Building. Also HB778 & SB663 have affect on the health care facility, when a patient is being transported between health care facilities. 2/3 of patients are transported between facilities. The other 1/3 are scene responses to the hospital.</p> <p>SB663 & HB778 would amend sections of the Health Code related to the inspection of medical facilities and require when going thru their licensure inspection to demonstrate a policy is in place to inform the patient of the consequences of air medical transport. Obtaining consent, making them aware of the fact that should they go by air there is the potential the air medical provider that arrives to transport them may not be within their health care provider insurance network, resulting in a large out of pocket expense. This would be required prior to the patient is transferred. These bills have been amended and are now sailing through the General Assembly. This issue needs attention at the federal level.</p> <p>HB1412/SB670, Mental Health Awareness Training. There is no requirement for EMS provider /Firefighter to take the training although it establishes the responsibility of the EMS agency to develop curricula. There is no guidance other than the mention of some components that must be addressed that would promote a standardized approach to this training. This could affect our EMS agency inspections with regard to checking to see if they have made mental health curricula available to their personnel.</p> <p>SB109 Juvenile Records Bill is likely to pass in its amended form.</p> <p>SB304 At the recommendation of this committee to change the proposed EMS Regulations to say temporary permit will be valid for 90 days and change the existing</p>	
--	---	--

Members Present:	Members Absent:	Staff:	Others:
	<p>language in code from 60 days to 90 days. This Bill passed the Senate and is waiting for crossover. Bill assigned to HWI.</p> <p>SB703, Virginia International Raceway’s Track Safety Director is struggling to provide EMS staff for large events. Bill introduced to allow out of state certified EMS providers to work these large events. Event organizer would be required to notify OEMS 10 days prior to the event, the names of individuals in order to verify these individuals hold valid credentials and have no disciplinary actions against them. Discrepancies exist between NC and VA certification levels. NC is not a REPLICA state. The Bill does recognize that REPLICA exists and the provisions in REPLICA must be followed. Limited to states that border Virginia.</p> <p>Discussion</p> <p>Health Practitioners Monitoring Program (HPMP) to cover Nurses, Physicians although nothing for EMS Providers. This may require Code change but we are currently working on an OEMS policy to provide a pathway for EMS providers that have had sanctioning secondary to a substance abuse problem. Working on sending a decision Memo for review to the Health Commissioner for use as a Guidance Document. This document follows some of the criteria that go with the sanctioning requirements that the Board of Nursing uses and how they reintroduce a provider back into the workplace.</p> <p>Naloxone bills and Opioid OD reporting – A number of Bills have been introduced regarding reporting, however there are currently several mechanisms in place for reporting/ and available data, that local law enforcement is not aware of. Other bills would require reporting by EMS/FIRE/Law Enforcement, which will duplicate reporting when there are multiple public safety agencies on the scene. SB804 is still alive and has been referred to finance.</p> <p>Work Session to be scheduled in Charlottesville on Tuesday, April 3rd 10-3 pm</p> <p>REPLICA Sub group – Scott, Greg & Kim to work on REPLICA Language.</p>		<p>Jon to work on location</p>
New Business	Vacancy on Committee – Bill Roberson - VACO/VML member is no longer participating.		

Members Present:	Members Absent:	Staff:	Others:
Public Comment	None		
Next Meeting:	May 3rd & August 2nd and probably more than 1 Work Session in between those times		
Motion to adjourn	4:37pm		